



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine 04333

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

EXECUTIVE EMPLOYEES Maine Ethics COUNTY M.R.S.A. § 19)

Covering the calendar year January 1, 2010 through December 31, 2010.

Please file this statement with the <u>Maine Ethics Commission no later than 5:00 p.m. on April 15, 2011</u>. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations. *Please keep a copy of this form for your records*.

NAME AN	D CONTACT INFORMATION		
Name	Title		
BRIAN S. HOUSES	NIC & Community Work Phon Development (Deputy Commissioner	
Department/Agency/Bureau/Division Zconox	Mark Pho	ne (
DE(1)	Development (107/624-9804	
Mailing Address, City, ZIP 59 State House Station	in Augusta, ME 04336	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	Augusta, ME 04336		
	A		
PART 1. INCOME DERI	VED FROM EMPLOYMENT BY AND	OTHER	
List the name and address of each employer from whom economic activity of each employer.	you received compensation of \$1,000 of	or more. Specify the principal type of	
None	NAMANAN TIMBOTA VITTO IN AMBRICA REPUBLICA PROPRIEMBAN AND AND AND AND AND AND AND AND AND A		
Name of Employer	Address	Principal Type of Economic Activity of Employer	
:		:	
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PART 2. INCOME DERIVED F	ROM SELF-EMPLOYMENT OR LAV	V PRACTICE	
A. List the name and address of your business or law firm, derived income. If associated with a partnership, firm, profe activity or practice of that entity.	if any, and list the major areas of econoessional association, or similar business of	mic activity or practice from which you entity, list the major areas of economic	
None		ображения в постоя на постоя н Постоя на постоя на п	
dense con som menosprusimentense con con recordin en arasignas, marionaren municipal person anterior marionaren marionare		Major Areas of Economic Activity/	
Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity/ Practice (self)	Practice	
	Fractice (sell)	(partnership, association, firm or similar business entity)	
Name:		To be my or foreign to the mean that an experience of the state of mean and an experience of the state of the	
Address:			
Name:			
Address:			
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PART 2 (continued). INCOL	ME DERIVED FROM SELF-EMPLOYMENT	Manufe (
whichever is greater, and specify the principal type of econom	nt or practice that represents more than 10% of your gross incomic activity of the entity or person from whom you derived such hed code of professional ethics, specify only the principal typrived.	income. If this
Name and Address of So	Principal Type of Activity of Entity or the Source of t	Person Who is
Name:		hadina 11 am a 11 an a 12 an a 14 an a
Address:		
		il dimin nomen avarancia program apropoliti ingresia
Name: Address:		
\$P\$\$P\$\$P\$1900000000000000000000000000000	HER SOURCES OF INCOME	
List each source of income of \$1,000 or more <u>not listed</u> in Parbox.	rts 1 or 2 of this form. Do not include gifts or honoraria. If none	, check the
X None		
Name and Address of So	Kind of Inc urce (investments, le	
Name:	4	nassanas anno e e la mere a minario e la cere e e a e e
Address:		
		ત્વારાજિક નવ સ્વરાશિકારી તેમ ત્વારે તે જેમના કેટ ના મેન્સિંગ્યું કેટ કુલાલાઈ ફિલ્મ નવીં સ્વાપ્ત
Name:		
Address:		
Name:		
Address:		
PART 4. RI	EPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,0 areas of economic activity of each creditor. Do not list cred made as campaign contributions, or business loans from regu	000 or more that you received during the reporting period, and fit card liabilities, or educational loans, loans from a relative, loalsted financial institutions. If none, check the box.	I list the majo pans that were
₩ None	ė	······································
Name and Address of Cre	editor Principal Type or Activity of C	
Name:		
Address:		
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Address:		
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	REPORTABLE GIFTS	
List the specific source of gifts received during the reporting po	eriod with an aggregate value of more than \$300. If none, chec	k the box.
X None		ternita vankuura van missaan maan maan van missaan saas
Name of Source of Gift	Name of Source of Gift 3.	
1		and a final and a final and a superior of the final and a superior of the final and th
2.	4.	

	PART 6. REPORTABLE HONORARIA
List the source of any honoraria accepted f	for appearances or speeches related to your official capacity or duties. If none, check the box.
None None	
Name of Source of Hon	noraria Name of Source of Honoraria
1.	3.
2.	4.
part Part	7. REPRESENTATION BEFORE STATE AGENCIES
List each executive branch agency before compensation of any amount other than y none, check the box.	ore which you or a member of your immediate family represented or assisted others for your official salary. Indicate whether you or a family member appeared before the agency. If
None	
Name of Agency	Name of Agency
1.	. 3.
2.	4.
	PART 8. BUSINESS WITH STATE AGENCIES
	ch you or a member of your immediate family sold goods or services with a value in excess of e whether you or a family member sold the goods or services. If none, check the box.
None	
: Name of Agency	Name of Agency
1.	3.
2.	4.
PART 9. INC	COME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY
dependent child(ren) during the reporting p	ting each source of income of \$1,000 or more received by your spouse or domestic partner or eriod and the kind of income represented. If your spouse or domestic partner received \$1,000 d job title. List only the job title of dependent children who received income of \$1,000 or more.
Name of Spouse or Domestic Partner a	Type of Economic Activity and Job Title Representing Source of Income Received
Name: Geoffrey Gross Job Title: 1. Resource Coordinator	1. State government 1. Employment 2. Religious/Church 2. Employment
Job Title: 1. Kesource Castalna 101 2. Pawfor	3.
Dependent Child(ren) - Job Titles	s Only
Job Title:	
Job Title:	
Job Title:	

	PART 10. OFFICE				Ç4 :		
held any office.	ofit or nonprofit corporation, firm, association, par , trusteeship, directorship, or position of any nati ensated. If a family member listed, indicate you	ure. Indicate whethe	r you or a family held	d the position and wh	diate family ether the posi-		
None							
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?		
Lewiston 20 A	Auburn Community Little Theater cademy St. Wown, ME 04210	Finance Chair	Celf		Vo		
A	uburn, me 04210		* -{				
See Did participant and participant and accommodition to the contract of the c		ng ay ng Liman khangkan ang ay tigan ay man ay hammar 1 tigan ann babbagil 1 ta ann babb	gamma a tradit o particular pour ambigo estambidant un arte parti marinante speciale.	e e decembrante en estado en el estado e	gad delakungkalikapihad edelakung kelebuluk at pumbang kelebuluk ang kelebuluk at pumban sebilikan sebilikan s I		
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				weXIII.00 P.Tr mad IV.			
		SIGNATURE					
I affirm that the	e contents of this report are true, complete	and accurate to the	e best of my knowl	edge.			
Bui	SID		04	105/2011			
 (-/`	Signature	A A A A A A A A A A A A A A A A A A A		Date /			
	Unsworn fals	ification is a Class D	crime.				
ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing. Use additional pages, if necessary.							
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